

SUBJECT: New Entrant Drug Testing

- Drug and Alcohol screening has been an unsettled issue for at least two years
 - The FY 1987 DoD Authorization Bill required testing of applicants prior to enlistment or appointment at MEPS or in conjunction with precommissioning physicals
 - The FY 1989 DoD Authorization Bill required testing within 72 hours following enlistment at Recruit Training Centers (RTCs) or in conjunction with precommissioning physicals
 - Most recently, FY 1990 legislation (Tab A) provides that testing will be conducted before each original enlistment or appointment (includes all NPS and PS accessions), but allows discretion to conduct post-enlistment testing in lieu thereof
- The Navy, Marine Corps and Coast Guard are currently testing enlisted recruits at the Recruit Training Centers (RTCs). The Air Force and Army have chosen to keep drug and alcohol testing at the Military Entrance Processing Stations (MEPS)
- Four issues are raised by the new legislation (brief summaries attached)
 - How can expanded prior service testing be accommodated? (Tab B)
 - Should Navy, Marine Corps, (and, by analogy, Coast Guard) return to pre-accession testing? (Tab C)
 - Should pre-accession testing for officer candidates be shifted to post-appointment? (Tab D)
 - Should we adjust policy to screen for different drugs? (Tab E)
- A brief summary of each issue and recommended action is attached
- If you agree, we will work with Service staffs to implement recommended actions

_____ Concur

_____ Let's Talk

ISSUE: How can expanded prior service testing be accommodated?

CURRENT STATUS:

- May 1989 policy limited prior service testing to those who have had a break in service of 180 days or more
- 1990 legislation requires testing of all prior service either before, or within 72 hours following, accession
- System in place for prior service with break of 180 days or more will accommodate those with break of 31 to 180 days
- Transfer from active to reserve (or vice versa) is at issue

ALTERNATIVES: Two ways to meet expanded prior service testing requirement

- Test at current duty station prior to transfer
- Test at new station following transfer

PROS/CONS:

- Test at current duty station
 - Supports qualify force (only quality members permitted to transfer)
 - Would keep gaining unit from unnecessary screening and allow appropriate action of current supporting unit if individual tests positive
 - Active force and most Reserve units equipped for in-service testing
 - Some shortfalls in capability for Army Reserve units
 - Wait for test results complicates transfer processing
 - would have to shift in-service program resources to increased testing of transfers
- Test at gaining unit
 - would create burden from reserve sites with no medical or testing facilities nearby

RECOMMENDATION:

- Expand current drug and alcohol testing program for prior service with break in service of 180 days or more to include those with break in service of 31 to 180 days
- Test actives transferring to reserves at current duty station
- Test reserves transferring to active duty within 72 hours of arrival at new unit

ACTION TO IMPLEMENT:

- Work with Service staffs to combined policies contained in January 1988 and May 1989, memoranda on drug screening

ISSUE: Should MEPS test all NPS applicants?

CURRENT STATUS:

- MEPS tests ARmy and Air Force NPS accessions before enlistment
- Navy, Marine Corps, and Coast Guard test after enlistment at RTCs
- Navy does not object to implementing pre-accession testing at MEPS
 - Testing program at RTCs would remain in tact
- Marine Corps objected in past to returning to pre-accession testing; no indication that this position has changed
- Coast Guard has provided no position, but has been quick to adopt DoD policies in the past

ALTERNATIVES:

- Continue present mixed-mode testing
- Return to pre-accession testing for all Service NPS applicants

PROS/CONS

- Continue mixed mode testing
 - System now in place and appears to be working; minimum change
 - Data on positivity rates not accurate
 - 3.44 percent of MEPS testers are positive for THC, Cocaine, or both; .09 percent for alcohol
 - No readily available data for Navy, Marine Corps or Coast Guard
 - Navy estimates that it retains 80 to 90 percent of THC positives
 - Differential treatment of drug abusers among Services raises equity concerns
- Return to pre-accession testing
 - Establishes consistent policy among Services

- Sea Services may object based on cost of dual testing
 - DP&E review of DMDC data indicate positives retained attrit at high rates **CALL SHARON COOPER TO VERIFY**
 - Significant transportation, housing, uniform issue, subsistence pay, and replacement costs associated with those who are separated subsequent to positive test results following entry on active duty
- Would remove Services discretion to access experimenters
- Common Policy across Services, however, is attractive
 - Clear DoD support for Presidential goal of drug free military
 - Aligns with MEPCOM mission to screen applicants
 - Efficient use of MEPCOM resources in drawdown environment
- Declining accession levels mitigate recruiting impacts

RECOMMENDATION: Return to pre-accession drug and alcohol testing for enlisted applicants to all Services

ACTION TO IMPLEMENT:

- Work with Service staffs to coordinate resourcing and transfer of testing to MEPS
- Update the January 1988 pre-accession testing policy

ISSUE: Should pre-accession testing for officer candidates be shifted to post-appointment?

CURRENT STATUS:

- Officer candidates are now being tested pre-appointment
- Positivity rate for officer candidates is extremely low
 - About 0.06 percent for drugs; 0.009 percent for alcohol
- Costs and administrative burden significant (about \$1.5 million)

ALTERNATIVES:

- Continue pre-appointment testing
- Test within 72 hours of entry on active duty

PROS/CONS

- Continue pre-appointment testing for officer candidates
 - Provides appearance of drug free military
 - Would not require change in current procedure
 - Cost exceeds benefit
 - approximately \$69 per test with less than one percent combined drug and alcohol positivity rate (\$100,000 per positive)
- Test within 72 hours of entry on active duty
 - New policy would have to be written to incorporate change from pre-appointment to post-appointment
 - Remove deterrent to drug/alcohol use during precommissioning programs
 - would have to shift resourcing to in-service program to provide for increased testing
 - Significantly smaller number to be tested lowers cost (10:1 selection ratio)

RECOMMENDATION: Test officer candidates post-appointment

ACTION TO IMPLEMENT:

- Work with Service staffs to revise new officer testing policy

ISSUE: Should we screen for different drugs?

CURRENT STATUS:

- Testing screens for THC, Cocaine, and Alcohol only drugs presently being screened

ALTERNATIVES:

- Keep policy as is
- Screen for additional drugs

PROS/CONS

- Keep policy as is
 - Meets requirement of law
 - Identifies drugs most commonly abused on National level
 - No method to respond to changing trends in drugs of choice
 - May access many drug users who have switched
- Screen for additional drugs
 - Could periodically screen urine samples collected during routine physicals "in the blind"
 - Precedent set in developing pre-accession drug policy
 - Would provide data to suggest positivity rates that could be expected if screening policy were changed
 - Avoid costs associated with testing for "wrong drugs"
 - Other substances frequently abused
 - As drug war progresses, trends should change
 - Evidence emerging that methamphetamine ("ICE") is replacing Cocaine ("Crack") as drug-of-choice on West Coast

RECOMMENDATION:

- Conduct periodic screens for additional drugs "in the blind"

ACTION TO IMPLEMENT:

- Coordinate concept with OGC, HA, LA and DoD Drug Coordinator
- Involve Service staffs to plan execution of coordinated concept